



City of Greensboro Plan Amendment Request Form

If responses exceed the space provided on this form, additional sheets may be submitted.

Name: _____

Address: _____

Phone No.: _____

E-mail Address: _____

- 1. For a map amendment please give a description of the area (including parcel identification number(s), street names and boundaries of the area) for which a map amendment is being requested. Please attach a map of the area.**

- 2. Explain in detail why the change is needed and a justification for such a change.**

3. **Explain in detail the conditions that you think may warrant a Plan amendment** (i.e. unforeseen circumstances or the emergence of new information, unanticipated changes in development pattern, rezonings, transportation improvements, economic opportunities, changes in socioeconomic conditions, etc.)

This application must be filed with the Planning Department by 5:00 p.m. on the deadline date.

It is understood by the undersigned that the Connections 2025 Comprehensive Plan, as originally adopted and as subsequently amended, is presumed by the Planning Board to be appropriate and that the burden of proof for an amendment rests with the applicant. AN APPLICANT IS ENCOURAGED TO DISCUSS THE PROPOSAL WITH AFFECTED PROPERTY OWNERS.

Signature of Applicant

Received and found to be complete:

By: _____

Date: _____

Contact Person

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Comprehensive Planner

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